



Indiana State Department of Health

Epidemiology Resource Center

Quick Facts

About...Group B Streptococcus (GBS) Infections (invasive disease)

What is Group B Streptococcus (GBS) disease?

Streptococcus agalactiae, or group B strep, causes many types of infections, most commonly urinary tract infections. Rarely, these bacteria can enter areas of the body where bacteria are normally not found, such as the blood, the fluid surrounding the brain and spinal cord (meningitis), or fluid surrounding the joints. When bacteria enter these areas, a severe, life-threatening infection ("invasive disease") can develop. Approximately 250 cases are reported each year in the state of Indiana.

How is GBS spread?

The bacteria are commonly found in the gastrointestinal, urinary, and reproductive tracts and are transmitted from person to person. Up to 30% of pregnant women carry the bacteria in their reproductive tract and can spread the bacteria to the newborn during delivery.

Who is at risk for getting the disease?

- Newborns: The risk is high for infants born to healthy women who carry the bacteria. The risk of infection is also slightly higher in newborns born at less than 37 weeks gestation.
- Adults: The risk is greatest for persons with chronic disease, such as diabetes, liver failure, and history of stroke or cancer or those who have experienced recent trauma. Rates of disease are highest among African Americans and the elderly.

How do I know if I have GBS disease?

If you feel that you may have an infection, it is important to seek medical attention immediately. Your health care provider may collect blood or samples from other sites of infection such as joint or spinal fluid to see if GBS bacteria are present. Test results from bacterial cultures will not be available for at least 24 hours following the test.

What are the symptoms of GBS disease?

GBS infections are still a leading cause of invasive bacterial infections in the newborn and are 2 distinct clinical diagnoses: early-onset (<7 days old) and late-onset (7 – 90 days old) disease. In newborns, GBS most commonly presents as shock and multi-organ failure, pneumonia, and meningitis. The newborn may be irritable, fussy, tired, and have difficulty feeding. Pregnancy- related infections include shock, infection of the amniotic sac, urinary tract infection, and stillbirth. Among older adults, infections most often present as shock or soft tissue or bone and joint infections.

How is GBS treated?

GBS infections can be treated with many different types of antibiotics, and early treatment can reduce the risk of complications or death from invasive GBS disease. Soft tissue or bone infections may require surgery.

How is GBS prevented?

- Newborn prevention: According to the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) pregnant women should be screened for GBS between 35 – 37 weeks of each pregnancy. If found to be a carrier, preventive antibiotic therapy can be given during delivery to reduce bacterial transmission.
- Adult prevention: Good personal hygiene, including proper hand washing technique, is important. Wash hands regularly, especially after coughing or sneezing, and before and after caring for a sick person.

No vaccine is currently available to prevent GBS disease.

All information presented is intended for public use. For more information, please refer to the Centers for Disease Control and Prevention website on GBS: <http://www.cdc.gov/groupbstrep/index.html>

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